

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

3052018135479		3201801004870	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DUJUAN		3. LAST (Family) ARMSTRONG	
2. MIDDLE O.		4. DATE OF BIRTH mm/dd/yyyy 08/09/1994	
5. AGE Yrs. Mths. Ds. 23		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY KS		10. SOCIAL SECURITY NUMBER UNKNOWN	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS - SPOUSE or Time of Death NEVER MARRIED	
13. EDUCATION - Highest Level (Degree) HS GRADUATE		14. DATE OF DEATH mm/dd/yyyy 06/23/2018	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TOW TRUCK DRIVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TOW COMPANY	
19. YEARS IN OCCUPATION 1			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2555 INTERNATIONAL BLVD. APT. 320			
21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94601		24. YEARS IN COUNTY 14	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP BARBARA DOSS, MOTHER			
27. IMPORTANT MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2123 106TH AVENUE, OAKLAND, CA 94603			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST DWIGHT		32. MIDDLE O'SHEA	
33. LAST ARMSTRONG		34. BIRTH STATE LA	
35. NAME OF MOTHER/PARENT - FIRST BARBARA		36. MIDDLE DENISE	
37. LAST (BIRTH NAME) DOSS		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 07/03/2018		40. PLACE OF FINAL DISPOSITION ROLLING HILLS MEMORIAL PARK 4100 HILLTOP DRIVE, RICHMOND, CA 94803	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER GREGORY ATKINS	
43. LICENSE NUMBER EMB7340		44. NAME OF FUNERAL ESTABLISHMENT WHITTED-ATKINS FUNERAL HOME	
45. LICENSE NUMBER FD837		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 07/02/2018			
101. PLACE OF DEATH VALLEY CARE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other		104. CITY PLEASANTON	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5555 WEST LAS POSITAS BOULEVARD		106. COUNTY ALAMEDA	
107. CAUSE OF DEATH (A) CAUSE UNDER INVESTIGATION (B) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) AS IF (C) (D)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive			
115. SIGNATURE AND TITLE OF CERTIFIER KAREN E EASLING		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicidal <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER KAREN E EASLING		127. DATE mm/dd/yyyy 06/25/2018	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER KAREN E EASLING, DEPUTY CORONER		129. FAX AUTH.#	
130. CENSUS TRACT			
STATE REGISTRAR A B C D E			

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDAThis is a true and exact reproduction of the document officially registered
and filed with the Alameda County Health Care Services Agency.

DATE ISSUED

SEP 06 2018

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

001206015

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT

3052018135479

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201801004870

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST DUJUAN	1B. MIDDLE O.	1C. LAST ARMSTRONG	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 06/23/2018	4. CITY OF EVENT PLEASANTON	5. COUNTY OF EVENT ALAMEDA
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD DWIGHT O'SHEA ARMSTRONG		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD BARBARA DENISE DOSS	

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
10	UNKNOWN	511117556
LIST ONE ITEM PER LINE		

REASON FOR
CORRECTION

11. RECEIVED SOCIAL SECURITY NUMBER

AFFIDAVITS
AND
SIGNATURESTWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON ▶ RAHSAAN LEWIS	12B. PRINTED NAME RAHSAAN LEWIS	12C. TITLE/RELATIONSHIP TO PERSON IN PART I ADMINISTRATOR
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5500 FOOTHILL BLVD., OAKLAND, CA 94605		12E. DATE SIGNED—MM/DD/CCYY 07/02/2018
13A. SIGNATURE OF SECOND PERSON ▶ SHIRELL HALL	13B. PRINTED NAME SHIRELL HALL	13C. TITLE/RELATIONSHIP TO PERSON IN PART I ADMINISTRATOR
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5500 FOOTHILL BLVD, OAKLAND, CA 94605		13E. DATE SIGNED—MM/DD/CCYY 07/19/2018
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ▶ STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 07/19/2018	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



"020101003926142"

FORM VS 24e (REV. 1/08)

1.1

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SEP 06 2018

 INTERIM HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT

3052018135479

STATE FILE NUMBER

2.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201801004870

LOCAL REGISTRATION NUMBER

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	3. DATE OF EVENT—MM/DD/CCYY 06/23/2018	4. CITY OF EVENT PLEASANTON	5. COUNTY OF EVENT ALAMEDA	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	CAUSE UNDER INVESTIGATION	MECHANICAL ASPHYXIA
107AT	INVS	MINS
112	-	CARDIAC HYPERTROPHY; OBESITY
113	-	NO
119	PENDING INVESTIGATION	ACCIDENT
120		NO
121		06/23/2018
122		UNK
123		JAIL
124		ASPHYXIATED DURING THE APPLICATION OF A RESTRAINT DEVICE
125		5325 BRODER BOULEVARD, DUBLIN, CA 94568

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER MICHAEL CARDOZA		10. DATE SIGNED—MM/DD/CCYY 09/05/2018	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER	
	12. ADDRESS—STREET AND NUMBER 2901 PERALTA OAKS CT.		13. CITY OAKLAND	14. STATE CA	15. ZIP CODE 94605
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS			17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 09/05/2018	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24Ae (REV. 1/08)

2.1

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CAALAMED001

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ALAMEDA COUNTY, CALIFORNIA

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